

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003703

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** L'ORGANISATION DES ANCIENS DU COLLEGE IMMACULEE CONCEPTION, INC.

**Current Principal Place of Business:**

495 NE 144TH STREET  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

495 NE 144TH STREET  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 13-4359034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DODARD, PATRICK  
495 NE 144TH STREET  
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DODARD, PATRICK  
Address: 495 NE 144TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: V ( ) Delete  
Name: ROMAIN, MIGUEL  
Address: 420 NE 144TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: S ( ) Delete  
Name: GRAND-PIERRE, MYRIAM  
Address: 9301 NW 2ND COURT  
City-St-Zip: MIAMI, FL 33162

Title: T ( ) Delete  
Name: JEAN-BAPTISTE, VANESSA  
Address: 15501 NE 6TH AVE APT D 409  
City-St-Zip: MIAMI, FL 33162

Title: AT ( ) Delete  
Name: COQ, YVAN  
Address: 8635 NW 24TH COURT  
City-St-Zip: CORAL SPRING, FL 33065

Title: D ( ) Delete  
Name: JOSPITRE, PIERRE-HENRY  
Address: 11756 NW 47TH DRIVE  
City-St-Zip: CORAL SPRING, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK DODARD

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date